

<i>SERFF Tracking Number:</i>	<i>PSEN-127023578</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Fidelity Life Association, A Legal Reserve Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>48495</i>
<i>Company Tracking Number:</i>	<i>FLA-F4300-RDEXPRESS</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>FLA-F4300-RDEXPRESS</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: Fidelity Life Association, A Legal Reserve Life Insurance Company

Product Name: FLA-F4300-RDEXPRESS	SERFF Tr Num: PSEN-127023578	State: Arkansas
TOI: L04I Individual Life - Term	SERFF Status: Closed-Approved-Closed	State Tr Num: 48495

Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life	Co Tr Num: FLA-F4300-RDEXPRESS	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Linda Bird

Authors: Barbara Ritzke, Chuck Ritzke, Deb Howver, Jean Nickele	Disposition Date: 04/18/2011
Date Submitted: 04/14/2011	Disposition Status: Approved-Closed

Implementation Date Requested: On Approval  
State Filing Description:

Implementation Date:

## General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 04/18/2011
	State Status Changed: 04/18/2011
Deemer Date:	Created By: Jean Nickele
Submitted By: Barbara Ritzke	Corresponding Filing Tracking Number:
Filing Description:	

This submission consists of Form F4300 a Level Death Benefit Term Life Insurance Policy. This policy will be used with Electronic Application form F1048E previously approved on 3/29/11 under Serff tracking number PSEN-127089035 and state tracking number 48321. Two previously approved riders will be available with this policy: form F3014 Dependent Child Rider was approved on 9/29/2005 under Serff tracking number SERT-6FZMXL425 and form F3020 (04/06) AR Accidental Death Benefit Rider was approved on 5/8/2006 under Serff tracking number SERT-6NTKNB255.

SERFF Tracking Number: PSEN-127023578 State: Arkansas  
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Product Name: FLA-F4300-RDEXPRESS  
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This is a new form not intended to replace any forms currently on file with your state.

This plan offers level death benefit term life insurance with fully guaranteed premium rates. A choice of initial level term periods is available. After the initial term period, the plan may be renewed at guaranteed annual renewable term (ART) rates until policy expiry at attained age 95. "Age" is defined as the insured's age last birthday as of the policy date (for "issue age") and policy anniversary (for "attained age").

Guaranteed premium rates per \$1,000 face amount are currently available in two face amount bands (under \$100,000 and \$100,000 and above). There is an \$85 policy fee.

The minimum face amount may vary but will be no lower than \$25,000. Additional face amount bands may be added. The maximum available face amount is dependent upon reinsurance and underwriting requirements.

Two premium risk classes are offered: standard non-nicotine and standard nicotine. Premium rates are sex-distinct.

The plan is currently issued at the following initial level term periods and issue ages:

10 year Level Term Period has Issue ages between 18 – 65  
15 year Level Term Period has issue ages between 18 – 60  
20 year Level Term Period has issue ages between 18 – 55  
30 year Level Term Period has issue ages between 18 – 45

The plan will be sold on a simplified issue underwriting basis. The plan has no conversion provision.

No cash or nonforfeiture values are provided under this plan.

## Company and Contact

### Filing Contact Information

Jean Nickele, Jean@myactuary.com  
35W841 Burr Oak Lane 224-627-3511 [Phone]  
West Dundee, IL 60118 847-551-1795 [FAX]

### Filing Company Information

(This filing was made by a third party - problemsolvingenterprises)

Fidelity Life Association, A Legal Reserve Life Insurance Company CoCode: 63290 State of Domicile: Illinois  
1211 West 22nd Street Group Code: Company Type:

SERFF Tracking Number: PSEN-127023578 State: Arkansas

Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company State Tracking Number: 48495

Company Tracking Number: FLA-F4300-RDEXPRESS

TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name: FLA-F4300-RDEXPRESS

Project Name/Number: /

Suite 209 Group Name: State ID Number:  
Oak Brook, IL 60523 FEIN Number: 36-1068685  
(630) 533-0392 ext. [Phone]

## Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? Yes

Fee Explanation: 1 form @ \$50/form=\$50.00

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Fidelity Life Association, A Legal Reserve Life Insurance Company	\$50.00	04/14/2011	46571955

SERFF Tracking Number: PSEN-127023578 State: Arkansas  
Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company State Tracking Number: 48495  
Company Tracking Number: FLA-F4300-RDEXPRESS  
TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life  
Product Name: FLA-F4300-RDEXPRESS  
Project Name/Number: /

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/18/2011	04/18/2011

*SERFF Tracking Number:*      *PSEN-127023578*      *State:*      *Arkansas*  
*Filing Company:*      *Fidelity Life Association, A Legal Reserve Life Insurance Company*      *State Tracking Number:*      *48495*  
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*TOI:*      *L04I Individual Life - Term*      *Sub-TOI:*      *L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life*  
*Product Name:*      *FLA-F4300-RDEXPRESS*  
*Project Name/Number:*      */*

## **Disposition**

Disposition Date: 04/18/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PSEN-127023578 State: Arkansas

Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company State Tracking Number: 48495

Company Tracking Number: FLA-F4300-RDEXPRESS

TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name: FLA-F4300-RDEXPRESS

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	F4300 Statement of Variability		Yes
Supporting Document	Third Party Authorization Letter		Yes
Form	Level Death Benefit Term Life Insurance Policy		Yes

SERFF Tracking Number: PSEN-127023578 State: Arkansas

Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company State Tracking Number: 48495

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Product Name: FLA-F4300-RDEXPRESS

Project Name/Number: /

## Form Schedule

### Lead Form Number: F4300

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	F4300	Policy/Cont	Level Death Benefit	Initial		48.000	FLA_F4300_RDCustomerExpress_Term Life Policy_std110411_Final.pdf
		tract/Fratern	Term Life Insurance				
		al	Policy				
		Certificate					



Established 1896

## LEVEL DEATH BENEFIT TERM LIFE INSURANCE POLICY

**This is a Non-Participating Policy**

Fidelity Life Association will pay the Death Benefit of this policy if the Insured dies while the policy is in force. The death benefit will be paid to the Beneficiary when due proof of the Insured's death is received at our Home Office. The Company will also require the completion of its claims forms. We have issued this policy in consideration of the application and the payment of premium. All benefits are subject to the terms and conditions of this policy.

For service or information on this policy, contact the agent who sold the policy or Our Home Office.

**RIGHT TO EXAMINE POLICY:** We want you to be satisfied with your policy. The Policy Owner may, within 30 days after it is delivered, return the policy to our Home Office or to the agent who sold the policy and will receive a full refund of any premiums that have been paid. Once returned, the policy will be void from its beginning.

**Read this policy carefully.** This policy is a legal contract between the Policy Owner and us. The entire contract consists of this policy, and any attached riders or endorsements, schedules, the attached written application, and any attached supplemental written applications.

Issued and signed by Fidelity Life Association at its Home Office.

[ Secretary ]

President ]

### LEVEL DEATH BENEFIT TERM LIFE INSURANCE THE BASE POLICY PROVIDES:

- Level premiums payable during the initial term period.
- Level death benefit to the Expiry Date shown in the Schedule Page.
- After the Initial Term Period, annually increasing renewal premiums to the Expiry Date shown in the Schedule Page.
- This policy is not eligible for annual dividends.

**FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIFE INSURANCE COMPANY**  
**[1211 WEST 22<sup>ND</sup> STREET, SUITE 209**  
**OAK BROOK, IL 60523**  
Tel 800.369.3990 or Fax 630.522.0397]

**Address for correspondence**  
Fidelity Life Association  
[P.O. Box 9269  
Oak Brook, IL 60522-9269]

To file a claim or to ask a question you may contact the agent who sold you this policy or you may contact our Service department at the address or numbers given above or on the web at: **www.fidelitylife.com**

[State Department of Insurance Tel : xxx-xxx-xxxx]



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## POLICY SCHEDULE

<b>Policy Number:</b>	[123456789]	<b>Face Amount:</b>	[\$100,000]
<b>Insured:</b>	[John Doe]	<b>Gender and Age:</b>	[Male 35]
<b>Policyowner:</b>	[John Doe]	<b>Policy Date:</b>	[April 11, 2011]
<b>Issue Date:</b>	[April 11, 2011]	<b>Expiry Date:</b>	[April 11, 2071]

**Policy Description:** Level Death Benefit Term Life Insurance to Age 95

**Beneficiary:** As stated in the application or as subsequently changed.

**Total Initial Annual Premium:** [\$317.00] \*

**Initial term Period:** [20] years

**Premium Class:** [Standard Non-Nicotine] for [20] years

### Annual Policy Premiums

- \* The Total Initial Annual Premium shown above includes the [\$85.00] annual Policy Fee and the premium for any riders, which may be attached to this Policy.

### Benefits And Premiums

	<b>Initial Annual Premium*</b>	<b>Years Payable</b>
Base Policy, including the Policy Fee	\$317.00	60
<b>Total Initial Annual Premium</b>	\$317.00	

- \* After the Initial Premium Period premiums increase annually to age 95. See page 3a for the total annual renewal premiums following the Initial Premium Period.

### Premium Payment Options

You have selected a payment mode of [monthly]. [Monthly] premiums equal your annual premium multiplied by a guaranteed modal factor of [.087]. Changes to your current payment mode must be requested in writing to Us. Changes in mode, other than to annual mode, will be subject to modal factors and availability as determined by Company rules at the time of the request. Premiums are due and payable on each due date or You risk voluntary termination or reduced benefits.

## SCHEDULE OF PREMIUMS

<b>Policy Number:</b>	[123456789]	<b>Effective Date:</b>	[April 11, 2011]
<b>Insured:</b>	[John Doe]	<b>Expiry Date:</b>	[April 11, 2071]

Policy Year	Attained Age	Annual Premium (Includes Riders)	Policy Year	Attained Age	Annual Premium (Includes Riders)
1	35	\$ 317.00	33	67	\$ 5,837.00
2	36	\$ 317.00	34	68	\$ 6,344.00
3	37	\$ 317.00	35	69	\$ 6,913.00
4	38	\$ 317.00	36	70	\$ 7,577.00
5	39	\$ 317.00	37	71	\$ 8,383.00
6	40	\$ 317.00	38	72	\$ 9,326.00
7	41	\$ 317.00	39	73	\$ 10,319.00
8	42	\$ 317.00	40	74	\$ 11,386.00
9	43	\$ 317.00	41	75	\$ 12,548.00
10	44	\$ 317.00	42	76	\$ 13,858.00
11	45	\$ 317.00	43	77	\$ 15,382.00
12	46	\$ 317.00	44	78	\$ 17,152.00
13	47	\$ 317.00	45	79	\$ 19,135.00
14	48	\$ 317.00	46	80	\$ 21,347.00
15	49	\$ 317.00	47	81	\$ 23,751.00
16	50	\$ 317.00	48	82	\$ 26,298.00
17	51	\$ 317.00	49	83	\$ 29,079.00
18	52	\$ 317.00	50	84	\$ 32,171.00
19	53	\$ 317.00	51	85	\$ 35,965.00
20	54	\$ 317.00	52	86	\$ 40,179.00
21	55	\$ 1,810.00	53	87	\$ 44,783.00
22	56	\$ 2,006.00	54	88	\$ 49,737.00
23	57	\$ 2,196.00	55	89	\$ 55,002.00
24	58	\$ 2,386.00	56	90	\$ 60,340.00
25	59	\$ 2,608.00	57	91	\$ 65,692.00
26	60	\$ 2,878.00	58	92	\$ 71,364.00
27	61	\$ 3,207.00	59	93	\$ 77,407.00
28	62	\$ 3,589.00	60	94	\$ 83,840.00 ]
29	63	\$ 4,007.00			
30	64	\$ 4,443.00			
31	65	\$ 4,897.00			
32	66	\$ 5,357.00			

**Reinstatement Interest Rate** 6%

## DEFINITIONS

**We, Our, the Company or Us** refer to Fidelity Life Association, a Legal Reserve Life Insurance Company.

**You or Your** refer to the Policy Owner of this policy. The Policy Owner may be someone other than the Insured.

**Insured** is the person whose life is insured under this policy. The Insured is shown in the Policy Schedule.

**Beneficiary** is the person, persons or entity designated to receive the death benefit of this policy.

**Irrevocable Beneficiary** is one whose consent is needed to change that Beneficiary. Any Beneficiary may be named an Irrevocable Beneficiary. An Irrevocable Beneficiary must consent to the exercise of certain rights under the policy. See Policy Owner's for exceptions.

**Policy Date** is the date which this policy begins. This is the date from which policy anniversaries, policy years, policy months and premium due dates are determined. The Policy Date is shown in the Policy Schedule.

**Policy Year** is the period from the Policy Date to the first policy anniversary or from one policy anniversary to the next. A Policy Year does not include the policy anniversary at the end of the policy year.

**Expiry Date** is the date that the premiums and benefits for this policy end. The Expiry Date is shown in the Policy Schedule.

**Initial Term Period** is the number of policy years from the Policy Date during which the premium does not increase. The Initial Term Period is shown in the Policy Schedule.

**Death Benefit** is the amount payable to the Beneficiary upon the death of the Insured while this policy is in force. Death Benefits are defined in the Death Benefit Provision.

**Face Amount** is the amount of insurance on which premiums and Death Benefits are determined.

**Policy Owner** is the person who owns this policy, as shown in Our records. The Policy Owner may be someone other than the Insured.

**Issue Date** is used to determine the start of the suicide and contestability periods.

**Lapse** means the policy is not in force because a premium was not paid when due.

## POLICY PROVISIONS

### Entire Contract

This policy is a legal contract between the Policy Owner and Us. The entire contract consists of this policy, and any attached riders or endorsements, schedules, the attached application, applications for modifications of the policy and any attached supplemental applications. We have issued this policy in return for the application(s) and the payment of premiums. All statements made by or for the Insured in any application are, in the absence of fraud, considered to be representations and not warranties. We can contest the validity of this policy for any material misrepresentation of a fact subject to the Incontestability provision. To do so, however, the misrepresentation must have been made in an application and a copy of the application must have been attached to this policy when issued or reinstated under the Reinstatement provision. To be effective, any change or waiver of the terms of this policy must be in writing, endorsed on this policy, and signed by Our President, Vice President, Secretary or an Assistant Secretary.

### Incontestability

Except for fraud or failure to pay premiums, We will not contest the validity of this policy after it has been in force during the lifetime of the Insured for two years from its Issue Date, or after it has been in force during the lifetime of the Insured for two years from the last Reinstatement Date, if any.

Except for fraud or failure to pay premiums, We will not contest the validity of any increase or addition in benefits after it has been in force during the lifetime of the Insured for two years from the effective date of such change, or after it has been in force during the lifetime of the Insured for two years from the last Reinstatement Date, if any. Contestability of any such increase or addition in benefits that is beyond the contestability date of this Policy will be limited to the amount of the

increase or addition in benefits. Contestability of any increase or addition in benefits shall be based solely on any application for such increase.

The statement on which the contest is based must be material to the risk accepted by Us under this policy. Fraud may be contested by Us only where permitted under applicable law in the state where this policy is delivered or issued for delivery.

**Misstatement of Age or Gender**

If the age or gender of the Insured has been misstated, the amount payable will be the amount that the most recent premium paid would have purchased at the correct age and gender. If the correct age is outside the range of issue ages for this Policy, the premium and benefits for the correct age will be extrapolated.

**Suicide Exclusion**

If the Insured commits suicide, while sane or insane, within two years from the Issue Date, and while this policy is in force, We will pay, in one lump sum to the Beneficiary, the amount of premiums paid for this policy. No other Death Benefit will be payable.

**POLICY OWNER'S RIGHTS**

While the Insured is living, the Policy Owner may exercise all rights given by this policy or allowed by Us. These rights include assigning this policy, changing Beneficiaries, changing ownership, enjoying all policy benefits and exercising all policy options.

The consent of any Irrevocable Beneficiary is needed to exercise any policy right except the right to:

- a. Change the frequency of premium payments, or;
- b. Reinstate this policy after lapse.

**Assignment**

You may assign this policy. For any assignment to be binding on Us, We must receive the original Assignment, or a signed certified copy at Our Home Office and it must be recorded by Us. Your written instruction or request for change is effective as of the date You sign it. We are not responsible for following any instruction or making any change or Assignment before We actually receive it. We will not be responsible for the validity of any Assignment. We are not liable for any payment made by Us before We record the Assignment.

**Change of Policy Owner or Beneficiary**

The Policy Owner or any Beneficiary may be changed during the Insured's lifetime. We do not limit the number of changes that may be made. We do not restrict any such changes except for the purpose of satisfying applicable laws or regulations. To make a change, a written request, satisfactory to Us, must be received at Our Home Office. The change will take effect as of the date the request is signed, even if the Insured dies before We receive it. Each change will be subject to any payment We made or other action We took before receiving the request.

**Death of Beneficiary in Common Disaster**

If any Beneficiary dies with the Insured in a common disaster, death benefits will be paid as if the Beneficiary predeceased the Insured.

**PREMIUM PAYMENTS****Payment of Premiums**

First premium must be paid in advance of the policy becoming effective. Premiums are payable annually in advance to the Expiry Date shown in the Policy Schedule. Other modes of payment are available at the discretion of the Company. The first premium is due on the Policy Date. Each renewal premium after the first one is payable at Our Home Office. Upon request, We will provide you with a written receipt. Each subsequent premium is due when the period covered by the preceding premium ends.

**Grace Period**

After the first premium has been paid, We allow a 31 day grace period to pay each subsequent renewal premium. During this grace period the policy remains in full force. If the Insured dies during the grace period, We will deduct the unpaid premium from the benefits of this policy. For the policy to remain in full force, any premium payments delivered to Us must be postmarked by U.S. mail or otherwise be proven to have been sent within the grace period.

**Lapse**

If a premium is not paid by the end of its grace period, the policy will lapse without value and no further premium payments may be made.

**Reinstatement**

This policy may be reinstated, while the Insured is alive, at any time within three years after the date of lapse. However, the policy cannot be reinstated on or after the Expiry Date.

If the premium due is paid within 60 days of the due date (within 29 days after the end of the Grace period) and during the lifetime of the Insured, the policy will be reinstated without evidence of insurability.

If the premium due is not paid within 60 days of the due date (within 29 days after the end of the Grace Period) Reinstatement will be subject to evidence of insurability satisfactory to Us. All overdue premiums must be paid with interest from their due dates to the date of reinstatement. Interest will be at the Policy Reinstatement Rate shown on page 3a, compounded annually to the date of reinstatement.

## **THE DEATH BENEFIT**

Subject to a written claim form, as furnished by Us and surrender of the Policy We will pay the death benefit within 30 days of when We receive due proof at Our Home Office that the Insured died while the policy was in force.

**Death Benefit Calculations**

In any policy year, the amount of the Death Benefit will be:

- (a) the Death Benefit in effect on the Insured's life; plus
- (b) the premium paid beyond the date of death; plus
- (c) interest accrued at the rate or rates set by Us for funds left on deposit or if no such rates have been established, at the Two Year Treasury Constant Maturity Rate as published by the Federal Reserve, not less than required by law from the Insured's date of death until the payment date; The rate used is the rate in effect on the Insured's date of death; minus
- (d) any indebtedness under the policy; minus
- (e) any unpaid premium due and unpaid at the date of death.

**Interest on Death Benefit**

The interest rate accrued on the Death Benefit from the Insured's date of death until the payment date will not be less than required by law in the state where this policy is issued. The interest rate will at least equal the rate or rates of interest declared by the Company for funds left on deposit. If no such rates have been declared, the rate will at least equal the Two Year Treasury Constant Maturity Rate as published by the Federal Reserve. The interest rates used will be the ones in effect on the date of death of the insured. If the Death Benefit has not been paid, additional interest equal to 10% annually will also be accrued starting 31 days after the later of the following events:

- i. The date that due proof of death is received by Us;
- ii. The date We receive any other due proof needed that the claim is payable under the policy and that the named beneficiary is legally entitled to the proceeds;
- iii. The date that any legal impediments to the payment of proceeds that depend on the action of parties other than the company are resolved and sufficient evidence of the same is provided to the company. Legal impediments to payment include, but are not limited to (a) the establishment of guardianships and conservatorships; (b) the appointment and qualification of trustees, executors and administrators; and (c) the submission of information required to satisfy a state and federal reporting requirements.

**Payment of Proceeds**

Settlement of the death benefit shall be made by payment in one lump sum. The proceeds are subject to any adjustments provided in the Misstatement of Age or Gender, Incontestability and Suicide provisions.

**Death of Beneficiary**

If any beneficiary predeceases the Insured the portion of the proceeds that would have gone to that beneficiary shall be paid to the Estate of the Insured.

**Multiple Beneficiaries**

If there is more than one beneficiary, proceeds shall be divided equally among the beneficiaries unless the beneficiary designation specifies the amount to be paid to each beneficiary.

## **LEVEL DEATH BENEFIT TERM LIFE INSURANCE POLICY**

**This is a Non-Participating Policy**

### **LEVEL DEATH BENEFIT TERM LIFE INSURANCE THE BASE POLICY PROVIDES:**

- Level premiums payable during the initial term period.
- Level death benefit to the Expiry Date shown in the Schedule Page.
- After the Initial Term Period, annually increasing renewal premiums to the Expiry Date shown in the Schedule Page.
- This policy is not eligible for annual dividends.

**FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIFE INSURANCE COMPANY**  
**[1211 WEST 22<sup>ND</sup> STREET, SUITE 209**  
**OAK BROOK, IL 60523**  
Tel 800.369.3990 or Fax 630.522.0397]

### **Address for correspondence**

Fidelity Life Association  
[P.O. Box 9269  
Oak Brook, IL 60522-9269]

To file a claim or to ask a question you may contact the agent who sold you this policy or you may contact our Service department at the address or numbers given above or on the web at:

**[www.fidelitylife.com](http://www.fidelitylife.com)**



SERFF Tracking Number: PSEN-127023578 State: Arkansas  
Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company State Tracking Number: 48495  
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TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life  
Product Name: FLA-F4300-RDEXPRESS  
Project Name/Number: /

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachments:</b> FLA_F4300_Readability Certification.pdf AR_Certification to Regulations 19 & 49.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Application <b>Comments:</b> Application form F1048E was previously approved on 3/29/11 under SERFF tracking number PSEN-127089035 and state tracking number 48321.		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> F4300 Statement of Variability <b>Comments:</b> <b>Attachment:</b> FLA_F4300_RapidDecisionExpress_Statement of Variability_Final110208.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Third Party Authorization Letter <b>Comments:</b> <b>Attachment:</b> SignedLetterOfAuthorization_FLA_110106.pdf		

## READABILITY CERTIFICATION

Company Name: Fidelity Life Association, A Legal Reserve Life Insurance Company

NAIC Number: 63290

FEIN Number: 36-1068685

Subject: Level Term Life Insurance Policy, form F4300

As an officer of Fidelity Life Association, A Legal Reserve Life Insurance Company, I hereby certify that the following forms achieve a Flesch score that meets or exceeds requirements as follows:

Form Number(s)

### Flesch Score

F4300

48.0

CS

Digitally signed by Ciaran Brady  
DN: cn=Ciaran Brady, o=Fidelity Life  
Association, ou=Vice President -  
Operations,  
email=Ciaran.Brady@fidelitylife.com, c=US  
Date: 2011.02.10 15:16:19 -06'00'

Signature of Officer

Ciaran Brady, Vice President - Operations  
Officer Name and Title

February 10, 2011

Date

## ARKANSAS CERTIFICATION

I, Ciaran Brady, Vice President – Operations, for Fidelity Life Association, do hereby attest and certify to the following:

- The Company has further reviewed its issuance procedures and is in compliance with Regulation 49, Life and Health Insurance Guaranty Association Notices.
- This submission meets the provisions of Regulation 19, Unfair Sex Discrimination in the Sale of Insurance, as well as all applicable requirements of the Arkansas Insurance Department.

## FIDELITY LIFE ASSOCIATION



Digitally signed by Ciaran Brady  
DN: cn=Ciaran Brady, o=Fidelity  
Life Association, ou=Vice  
President - Operations,  
email=Ciaran.Brady@fidelitylife.co  
m, c=US  
Date: 2011.02.11 15:15:29 -06'00'

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Ciaran Brady, Vice President - Operations

February 11, 2011

Date

## **Statement of Variability**

**Company:** Fidelity Life Association, A Legal Reserve Life Insurance Company

**Contract Forms:** F4300 Level Term Insurance Policy

<b>Page #</b>	<b>[Variable Item]</b>	<b>Statement of Variability</b>
1 and back page	Officer's Signatures/Company Address/Correspondence Address/Phone & Fax Numbers	Changed if company officers, company home office location, correspondence address, phone or fax numbers change.
1	State DOI Phone Number	Changed to reflect the DOI phone number for the state in which the policy is issued.
3	Policy Number	All the policyowner specific contract data will be based upon each individual's information.
3	Insured	All the policyowner specific contract data will be based upon each individual's information.
3	Policy Owner	All the policyowner specific contract data will be based upon each individual's information.
3	Issue Date	All the policyowner specific contract data will be based upon each individual's information.
3	Face Amount	Face amount will change, based upon what applicant applies for, with a minimum face amount equal to the minimums defined in the filed actuarial memo to an unlimited maximum based upon company rules and retention/reinsurance requirements.
3	Gender and Age	All the policyowner specific contract data will be based upon each individual's information.
3	Policy Date	All the policyowner specific contract data will be based upon each individual's information.
3	Expiry Date	All the policyowner specific contract data will be based upon each individual's information.

Page #	[Variable Item]	Statement of Variability
3	Total Initial Annual Premium	All the policyowner specific contract data will be based upon each individual's information.
3	Initial Term Period	The initial level term period may vary between 10 and 30 years. Any change beyond these limits would require prior approval.
3	Premium Class	Variable based on insured's information. Two premium risk classes are currently offered: standard non-nicotine and standard nicotine. Premium rates are sex-distinct. We would like the right to add rate classes except where new rates may cause additional nonforfeiture or reserve issues. In such cases, we would submit a filing for approval. Any such change would be going forward for new issues only.
3	Annual Policy Fee	We would like to retain the right to change the annual policy fee between \$0 to \$100. Any such change would be going forward for new issues only.
3	Premium Payment Mode	Insured may choose to pay premiums annually, semi-annually, quarterly or monthly.
3	Modal Factor	Variable based upon insured's premium payment mode selection.
3a	Schedule of Premiums	Variable based on insured's individual information.



Fidelity Life Association  
1211 West 22<sup>nd</sup> Street, Suite 209  
Oak Brook, IL 60523  
Tel: 630.522.0392 Fax: 866.375.8175

January 6<sup>th</sup>, 2011

To Whom It May Concern:

Please allow this letter to serve as authorization for Problem Solving Enterprises, Inc to make rate, rule and form filings on behalf of Fidelity Life Association, a Legal Reserve Life Insurance Company. Problem Solving Enterprises serves as actuarial and compliance consultants for Fidelity Life Association.

Any questions may be directed to me at 630-371-1888.

Sincerely,

Ciaran Brady  
cn=Ciaran Brady, o=Fidelity Life Association,  
ou=Vice President of Operations,  
email=Ciaran.Brady@FidelityLife.com, c=US  
2011.01.06 15:23:29 -06'00'

Ciaran Brady  
Vice President of Operations